BURR FORMANMONAIR

Margaret M. Fox pfox@burr.com

June 15, 2021

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PSCSC Clerks Office

VIA HAND-DELIVERY

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia SC 29210

Federal Communications Commission WC Docket No. 10-90 Re:

Copies of Information Required to be Filed with the FCC, USAC, and State Commissions pursuant to 47 C.F.R. §§ 51.917 and 54.304

Docket No. 2013-244-C

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies (see attached list) please find Connect America Fund (CAF) certifications and tariff data. Pursuant to 47 C.F.R. §§51.917 and 54.304, carriers are required to submit certain certifications and data relating to the Connect America Fund with the FCC and USAC at the same time they file their annual interstate access tariffs, and provide a copy of the certifications and tariff data to the state commission. The tariff data has been filed with the FCC and USAC on a confidential and proprietary basis. We are enclosing a public copy of the redacted information as it was provided to the FCC and USAC. We are providing this information by hand-delivery on a CD in PDF format so that the files will be legible.

Please note that this information has been filed with the FCC and USAC in connection with the federal Connect America Fund proceedings. While the FCC rules state that a copy must be provided to the relevant state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these certifications and data to the Commission for information only.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

AL • DE • FL • GA • MS • NC • SC • TN

17 9:49 AM - SCPSC - 2013-244-C - Page 1 of 86

35889900 v12

Ms. Jocelyn Boyd June 15, 2021 Page 2

Very truly yours,

Burr & Forman LLP
Margaret Ur-Pag

Margaret M. Fox

MMF/khh

Enclosures

cc: Jeffrey M. Nelson, Esquire, ORS

Ms. Jocelyn Boyd June 15, 2021 Page 3

South Carolina Telephone Coalition Member Companies

Bluffton Telephone Company, Inc.

Chesnee Telephone Company

Chester Telephone Company, d/b/a TruVista

Comporium, Inc. (f/k/a Rock Hill Telephone Company)

Farmers Telephone Cooperative, Inc.

Ft. Mill Telephone Company, d/b/a Comporium

Hargray Telephone Company, Inc.

Home Telephone ILEC, LLC d/b/a Home Telecom

Horry Telephone Cooperative, Inc.

Lancaster Telephone Company, d/b/a Comporium

Lockhart Telephone Company, d/b/a TruVista

Palmetto Rural Telephone Cooperative, Înc.

Piedmont Rural Telephone Cooperative, Inc.

PBT Telecom, d/b/a Comporium

Ridgeway Telephone Company, d/b/a TruVista

Sandhill Telephone Cooperative, Inc.

West Carolina Rural Telephone Cooperative, Inc.

Bluffton Telephone Company, Inc. Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Bluffton Telephone Comp	pany	
Signature of Authorized Officer	QHC.	Date June 8, 2021	
Printed name of Authorized Officer	David H. Armistead		
Title or position of Authorized Officer	SVP, Hargray	77 ···	
Telephone number or Authorized Officer.	(843) 686-1275 ext. = -		
Study Area Code of Reporting Carrier	240512 Filing D (mm/dd	Oue Date for this form (/yyyy) 06/16/2021	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Bluffton To	elephone Company		*	
Signature of Authorized Officer	W X	+ Ce	Date June 8, 2	2021	±
Printed name of Authorized Officer	David H	I. Armistead	7		
Title or position of Authorized Officer	SVP, Ḥạ	urgray			
Telephone number or Authorized Officer.	(843) 686-	-1275 ext =	manual statement		
Study Area Code of Reporting Carrier	240512	Filing Due Date f (mm/dd/yyyy)	or this form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Bluffton Telephone Company	
Signature of Authorized Officer	DH Ci	Date June 8, 2021
Printed name of Authorized Officer	David H. Armistead	
Title or position of Authorized Officer	SVP, Hargray	
Telephone number or Authorized Officer.	(843) 686-1275 ext	
Study Area Code of Reporting Carrier	240512 Filing Due Date for (mm/dd/yyyy)	or this form 06/16/2021

SĒE 2021 TARIFF DATA ON ENCLOSED DISC

Chesnee Telephone Company Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Chesnee T	'elephor	ne Company, Inc. d/b/a Ches	nee Communicati	ions
Signature of Authorized Officer	imbelly à	Shoph	ad Date	19/2021	
Printed name of Authorized Officer	imberly	She	pherd		
Title or position of Authorized Officer	thief {	2 XOCI	itive Officer		
Telephone number or Authorized Officer.	00 E	He-Leli	B_ ext		
Study Area Côde of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Chesnee Te	lephon	e Ćompany, Inc. d/b	/a Chesne	ee Communicat	ions
Signature of Authorized Officer	imbuly &	hophe	ud	Date O	12001	
Printed name of Authorized Officer	imberly:	She	pherid			
Title or position of Authorized Officer	Thief e	Xacu	tive Officer			
Telephone number or Authorized Officer.			B ext	**		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Chesnee Ţel	ephone Company, Inc. d/b/a	Chesnee Communications
Signature of Authorized Officer	Kumbely	Shapheid	Pate 0/9/2021
Printed name of Authorized Officer	Kimbe	rly Shopherd	
Title or position of Authorized Officer		ecutive officer	-
Telephone number or Authorized Officer.	320 Ete	- [d] ext	
Study Area Code of Reporting Carrier	240515	Filing Due Date for this for (mm/dd/yyyyy)	Orm 06/16/2021

ŠĒĒ 2021 TARIFF DATA ON ENCLOSED DISC

TruVista Communications, Inc.,
f/k/a Chester Telephone Company
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	TruVista Communications, Inc. f/k/a Chester Telephone Company					
Signature of Authorized Officer	Eric Ramey Digitally signor Digitally si	6.14	4/2021			
Printed name of Authorized Officer	Eric Ramey	منتست منتسب المساعد ال				
Title of position of Authorized Officer	VP – Regulatorý & Adr	ninistration	and an experience of the second of the secon			
Telephone number or Authorized Officer.	(803) 581-9152		. 11 40			
Study Area Code of Reporting Carrier	7/06/4	Due Date for this form	06/16/2021			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Comporium, Inc.

Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Comporium, Inc.
Signature of Authorized Officer	Date 06/03/2021
Printed name of Authorized Officer	Greg Lunsford
Title or position of Authorized Officer	Vice President – Regulatory Affairs
Telephone number or Authorized Officer.	(_803) _326-7170 ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2021

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Comporium, Inc.	TO THE	•	
Signature of Authorized Officer	Sur Sell	Date	06/03/2021	
Printed name of Authorized Officer	Greg Lunsford			
Title or position of Authorized Officer	Vice President - Regulatory Affairs			
Telephone number or Authorized Officer.	(803_) _326-7170	ext	-	
Study Area Code of Reporting Carrier	Filing Due Date for thi (mm/dd/yyyy)	is form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Comporium, Inc.
Signature of Authorized Officer	Ay Sell Date 06/03/2021
Printed name of Authorized Officer	Greg Lunsford
Title or position of Authorized Officer	Vice President - Regulatory Affairs
Telephone number or Authorized Officer.	(803) 326-7170 ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2021

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Farmers Téléphone Cooperative, Înc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.					
Signature of Authorized Officer	Ma	yme	(I. Paits Date	6/3/2021		
Printed name of Authorized Officer	/	T. Car	7			
Title or position of Authorized Officer	Chief Fin	ancial C	Officer			
Telephone number or Authorized Officer.	(843)	382	1380 ext			
Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021		

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Farmers '	Telepho	one Cooperative, Inc.	
Signature of Authorized Officer	Mayor	re C	1. Parste Date	6/3/2021
Printed name of Authorized Officer	Mayme	-	sten	
Title or position of Authorized Officer	Chief Fin	ancial C	Officer	
Telephone number or Authorized Officer.	(843)	382 1	380 ext	
Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statemen	ts on this forn	n can be	punished by fine or forfeiture und	er the Communications

of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Farmers T	elephone Cooperative, Inc.		
Signature of Authorized Officer	Mayn	e J. Canto Di	ate 6/3/2021	
Printed name of Authorized Officer	1 0	T. Carsten	,	
Title or position of Authorized Officer	Chief Fina	ncial Officer		
Telephone number or Authorized Officer.	(843)	382 1380 ext.		-
Study Area Code of Reporting Carrier	240520	Filing Due Date for this for (mm/dd/yyyy)	m 06/16/20210	

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Ft. Mill Telephone Company, d/b/a Comporium Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications					
Signature of Authorized Officer	Date 06/03/2021					
Printed name of Authorized Officer	Greg Lunsford					
Title or position of Authorized Officer	Vice President - Regulatory Affairs					
Telephone number or Authorized Officer.	(803) 326-7170 ext					
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021				

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications					
Signature of Authorized Officer	Py MA	Date 06/03/2021				
Printed name of Authorized Officer	Greg Lunsford					
Title or position of Authorized Officer	Vice President - Regulatory Affairs					
Telephone number or Authorized Officer.	(803) _326-7170 ext.	tion are two times				
Study Area Code of Reporting Carrier	Filing Due Date for this (mm/dd/yyyy)	o6/16/2021				

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications					
Signature of Authorized Officer	Mer Ald Da	rte 06/03/2021				
Printed name of Authorized Officer	Greg Lunsford					
Title or position of Authorized Officer	Vice President - Regulatory Affairs					
Telephone number or Authorized Officer.	(803) 326-7170 ext	· 				
Study Area Code of Reporting Carrier	Filing Due Date for this for (mm/dd/yyyy)	o6/16/2021				

SEE 2021 TARIFF DATA ON ÉNCLOSED DISC

Hargray Telephone Company, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Hargray Telephone Company						
Signature of Authorized Officer	2	24)	Date June 8, 2	021	
Printed name of Authorized Officer	David	H. Armis	stead			
Title or position of Authorized Officer	SVP,	Hargray		منط بالديد	ند بد ساد کتر شد ماد کند که کام کند د	÷
Telephone number or Authorized Officer.	(843) 68	6-1275	ext	- इ. करामा		
Study Area Code of Reporting Carrier	240523		Filing Due Date for this (mm/dd/yyyy)	form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Hargray Telepho	ne Company			
Signature of Authorized Officer	2 H C	, , ,	Date June 8, 20)21	
Printed name of Authorized Officer	David H. Armi	stead	.	* ************************************	
Title or position of Authorized Officer	SVP, Hargray			***	
Telephone number or Authorized Officer.	(843) 686-1275	ext	· · · · · · · · · · · · · · · · · · ·		
Study Area Code of Reporting Carrier	240523	Filing Due Date for this (mm/dd/yyyy)	form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	rier Hargray Telephone Company					
Signature of Authorized Officer			2	Date June 8, 2021		
Printed name of Authorized Officer David H. Armistead						
Title or position of Authorized Officer SVP, Hargray						
Telephone number or Authorized Officer. (843) 686-1275 ext.						
Study Area Code of Reporting Carrier	240523		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2021	

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Home Telephone ILEC, LLC d/b/a Home Telecom Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom	·	
Signature of Authorized Officer	Date	6/4/2021	_
Printed name of Authorized Officer	Denny Thompson		
Title or position of Authorized Officer	Director of External Affairs		
Telephone number or Authorized Officer.	(_843) <u>761</u> .9173 ext		<u>-</u>
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	A A A
Persons willfully making false statemen of 1934, 47 U.S.C. §§ 502, 503(b), or fi	ts on this form can be punished by fine or forfeiture under or imprisonment under Title 18 of the United States	der the Communica Code, 18 U.S.C. §	tions Act 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom
Signature of Authorized Officer	Date 6/4/2021
Printed name of Authorized Officer	Denny Thompson
Title or position of Authorized Officer	Director of External Affairs
Telephone number or Authorized Officer.	(<u>843</u>) <u>761.9173</u> ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2021

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Home Tel	ephone	ILEC, d/b/a Home T	Celecom		
Signature of Authorized Officer	Jan	-//		Date 4	12/4/2021	
Printed name of Authorized Officer	Denny *	Thompso			•	
Title or position of Authorized Officer			nal Affairs			
Telephone number or Authorized Officer.	(843)) 761.9	173 ext			
Study Area Code of Reporting Carrier	240527		Filing Due Date for th (mm/dd/yyyy)	is form	06/16/2021	
Persons willfully making false statemen of 1934, 47 U.S.C. §§ 502, 503(b), or fit	ts on this form	n can be nment un	punished by fine or forf der Title 18 of the Unite	eiture und ed States (er the Communic Code, 18 U.S.C. §	eations Act

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Horry Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Horry Telephone Cooperative, Inc.
Signature of Authorized Officer	Date 6 9 2021
Printed name of Authorized Officer	Carlton Lewis
Title or position of Authorized Officer	CFO
Telephone number or Authorized Officer.	(<u>843</u>) <u>3 65 2 151 ext</u>
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2021

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Horry Telephone Собрегаtive, Inc.	
Signature of Authorized Officer	Date to	19/2021
Printed name of Authorized Officer	Carlton Lewis	
Title or position of Authorized Officer	CFO	
Telephone number or Authorized Officer.	(843) 365 2151 ext	
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Horry Telephone Cooperative, Inc.
Signature of Authorized Officer	Date 6 a 2021
Printed name of Authorized Officer	Carlton Lewis
Title or position of Authorized Officer	CFO
Telephone number or Authorized Officer.	(<u>843</u>) <u>365</u> <u>2 5 </u> ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2021
	•

ȘEE 2021 TARIFF DATA ON ENCLOSED DISC

Lancaster Telephone Company, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Lancaster Telephone Company d/b/a	a Comporium Communications
Signature of Authorized Officer	Gr. All	Date 06/03/2021
Printed name of Authorized Officer	Greg Lunsford	7
Title or position of Authorized Officer	Vice President - Regulatory Affairs	•
Telephone number or Authorized Officer.	(803) 326-7170	ext
Study Area Code of Reporting Carrier	Filing Due Date for to (mm/dd/yyyy)	this form 06/16/2021

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lancaster Telephone Company d/b/a	Compo	orium Communicati	ons
Signature of Authorized Officer	Tylell	Date	06/03/2021	
Printed name of Authorized Officer	Greg Lunsford			
Title or position of Authorized Officer	Vice President - Regulatory Affairs		च व्यक्त आर्थ	
Telephone number or Authorized Officer.	(803) 326-7170 ext.	·		
Study Area Code of Reporting Carrier	Filing Due Date for th (mm/dd/yyyy)	is form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lancaster Telephone Compan	y d/b/a Comporium Communications
Signature of Authorized Officer	Ly Mill	Date 06/03/2021
Printed name of Authorized Officer	Greg Lunsford	
Title or position of Authorized Officer	Vice President – Regulatory A	fairș
Telephone number or Authorized Officer.	(_803) 326-7170	ext
Study Area Code of Reporting Carrier	Filing Due Domentum (mm/dd/yyyy	oate for this form 06/16/2021
	<u> </u>	

ŚĒĒ 2021 TARIFF DATA ON ENCLOSED DISC

Lockhart Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	• • • • • • • • • • • • • • • • • • • •		
Signature of Authorized Officer	Eric Ramey Ramey Date: 2021.06.14	Date 6/14/2021	
Printed name of Authorized Officer	Eric Ramey	- 	
Title or position of Authorized Officer	VP – Regulatory & Administra	ation	
Telephone number or Authorized Officer.	(803) 581-9152	***	
Study Area Code of Reporting Carrier	240532 Filing Due D (mm/dd/yyyy	pate for this form 06/16/2021	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lockhart Telephone Company of	d/b/a TruVista Communications
Signature of Authorized Officer	Eric Ramey Ramey Date: 2021.06.14	Date 6/14/2021
Printed name of Authorized Officer	Eric Ramey	•
Title or position of Authorized Officer	VP – Regulatory & Administratio	on
Telephone number or Authorized Officer.	(803) 581-9152	
Study Area Code of Reporting Carrier	240532 Filing Due Date (mm/dd/yyyy)	for this form 06/16/2021

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer	Eric Ramey Date: 2021.06.14	Date 6/14/2021	
Printed name of Authorized Officer	Eric Ramey	<u> </u>	
Title or position of Authorized Officer	VP - Regulatory & Administration	on	
Telephone number or Authorized Officer.	(803) 581-9152	Alle marine is	
Study Area Code of Reporting Carrier	Filing Due Date (mm/dd/yyyy)	o for this form 06/16/2021	

SEE 2021 ȚARIFF DATA ON ENCLOSED DISC

Palmetto Rural Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Cert	tification of Officer as to th	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	orted		
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	rier; my responsibilities inclu d on this form is accurate.	de ensuring the accuracy of the actual da	starreported; and, to the		
Name of Reporting Carrier.	PALMETTO RURAL TEL. COOP., INC.	P., INC.			
Dewa	Dewaine Wilson	Digitally signed by Dewaine Wilson DNicn=Dewaine Wilson, email=dewaine.wilson@ptic.us, O=palmetto rural tel. coop., Inc., i= , Date;5/20/2021	Wilson DN'cn≕Dewaine n@prtc.us,O≃palmetto rural /2021	Date:	R/20/2004
Signature of Authorized Officer:					0.20120210
Printediname of Authorized Officer:	Dewaine Wilson				
Title or position of Authorized Officer.	Controller				
Telephone number of Authorized Officer:	843 538-9382				
Study Area Cade of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021		
Persons wilifully making false state §§ 502, 603(t	ements on this form.can be pi b), or fine or imprisonment un	Persons wilfully making false statements on this form.can be punished by (ine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ommunications Act of 1934, 47 I U.S.C. § 1001.	U.S.C.	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certificati	ion of Officer for Rate-of-R	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Recovery		
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51,917(e) and is eligible to receive the CAF·ICC support requested pursuant to §51.917(f).	ler and that, to the best of my and Access Recovery Charge	knowledge, the reporting carrier on this §51,917(e) and is eligible to receive the	form certifies that it CAF-ICC support		
Name.of Reporting/Carrier: PALMET	PALMETITO R世RAL TEL. COOP., INC.	INC.			
Cinnature of Authorized Officer or emplayed	Dewaine Wilson	Digitally signed by Dewaine Wilson DN:zn=Dewaine Wilson,email=dewaine.wilson@ptrc.us,D=paimettb rurai tel.cop,, inc.j=, Date:5/20/2021	ກ DNເວກ=Dewaine ກວ.ນs,O=palmetto rural tel.	Date:	# (2) C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/
					מיבימיב ו
Printed.name.of Authdrized Officer or employee:	ee: Dewaine Wilson	Wilson			
Title gr positiğn of Authorized Officer dr employed:	ye d: Controller	ər			
Telephone number of Authorized Officer or employee:	nployee: 843 538-9882	-9882			
Study Area Code of Reporting Carrier	240536	Filing:Due Date for this fdrm (mm/dd/yyyy)	6/16/2021	***	n B
Persons wilfully making false state §§ 502, 503(b)	ments on this form.can be pur), or fine or imprisonment und	laise statements on this form can be punished by fine or forfejture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U,S.C. § 1001.	mmunications Act of 1934, 4 U,S.C. § 1001.	17 U.S.C.	

TOIBE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certificatio	on∙of Officer for Rate-of-Re	ertification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery	a:Recovéry		
I certify that I am an officer of the reporting carrier, and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the tecovery mechanism as per §51.917(d)(vil).	ier and that, to the best of my n Recovery subject to the tecc	knowledge, the reporting carrier is not s wery mechanism as per §51.917(d)(vil).	seeking duplicative		
Name of Reporting Cartier: PALMET	PALMETTO RURAL TEL. COOP., INC.	, INC.			: :
Signature of Authorized Officer or employee:	Dewaine Wilson	Digitally signed by Dewaine WilsoniDN:zn=Dewaine Wilson,emalf-dewaine wilson@ptc.us,O=palmetto rural tel. coop., Inc.,I=, Date:5/20/2021	nriDN:cn=Dewaine rtc.us,O=palmetto rural tel.	F.Date:	5/20/2021
Printed name of Authorized 'Officer or employee:	ee: Dewaine Wilsoh	Wilsojn			
Title or position of Authorized Officer or employee:	yee: Controllet	đ.			
Telephone number of Authorized Officer or employee:	nployee: 843 538-9382	-9382			
Study/Area Code'of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	a .	***
Persons wilifully making false stater §§ 502, 503(b)	iments on this form can be pu), or fine or imprisonment und	Persons wilfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	mmunications Act of 1934, 4 U.S.C. § 1001.	47 U.S.C.	

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Piedmont Rural Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Piedmont Rural	Telephone Cooperati	ve, Inc.		
Signature of Authorized Officer	andall?	Li	Date Jun	e 3, 2021	
Printed name of Authorized Officer Randall Lis					
Title or position of Authorized Officer General Manager				<u> </u>	
Telephone number or Authorized Officer.	(864) 683	3700 ext			
Study Area Code of Reporting Carrier	240538	Filing Due Date for th (mm/dd/yyyy)	is form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

	-	
Name of Reporting Carrier	Piedmont Rural Telephone Cooper	rative, Inc.
Signature of Authorized Officer	Pandel Lis	Date June 3, 2021
Printed name of Authorized Officer Randall Lis		A American
Title or position of Authorized Officer	General Manager	•
Telephone number or Authorized Officer.	(864) 683 3700 ext	
Study Area Code of Reporting Carrier	240538 Filing Due Date fo (mm/dd/yyyy)	of this form 06/16/2021

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Piedmont Rural Telephone Cooper	ative, Inc.
Consult Lis	Date June 3, 2021
(864) 683 3700 ext	-
240538 Filing Due Date for (mm/dd/yyyy)	r this form 06/16/2021
	240538 Filing Due Date for (mm/dd/yyyy)

of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

SEE 2021 TARIFF DATA ON ENCLOSED DISC

PBT Telecom, d/b/â Cömporium Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	PBT Tele	ecom, In	c.		_	-
Signature of Authorized Officer	1.12			Date 06/07/2	021	
Printed name of Authorized Officer L.B. Spearman		1				
Title or position of Authorized Officer Vice President		•				1
Telephone number or Authorized Officer.	(803)	210-	-5528	ext		
Study Area Code of Reporting Carrier	240539		Filing Due Date for t (mm/dd/yyyy)		06/16/2021	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	PBT Tel	ecom, Inc.			
Signature of Authorized Officer	? /	Spr	Date 06/07/20	021	
Printed name of Authorized Officer L.B. Spearman					· · ·
Title or position of Authorized Officer	Vice Pre	esident	*** **********************************		
Telephone number or Authorized Officer.	(803)	_210-5528	ext		*
Study Area Code of Reporting Carrier	240539	Filing Due (mm/dd/yy	Date for this form	06/16/2021	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	PBT Tele	com, Inc				
Signature of Authorized Officer	1.1.	Tu		Date 06/0	77/2021	
Printed name of Authorized Officer L.B. Spearman		V				-
Title or position of Authorized Officer Vice President			, , , , , , , , , , , , , , , , , , , ,			
Telephone number or Authorized Officer.	(803)	_210-	5528	ext.		
Study Area Code of Reporting Carrier	240539		Filing Due I (mm/dd/yyy	Date for this form	06/16/2021	

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Ridgeway Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Ridgeway Telephone Company	d/b/a TruVista Communications
Signature of Authorized Officer	Digitally signed by Eric Eric Ramey Ramey 15 65 92 - 0400	Date 6/14/2021
Printed name of Authorized Officer	Eric Ramey	
Title or position of Authorized Officer	VP - Regulatory & Administration	n
Telephone number or Authorized Officer.	(803) 581-9152	
Study Area Code of Reporting Carrier	240541 Filing Due Date (mm/dd/yyyy)	for this form 06/16/2021

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Ridgeway Telephone Company	d/b/a TruVista Communications			
Signature of Authorized Officer	Eric Ramey Date: 2021.06.14 Date: 6/14/2021				
Printed name of Authorized Officer	Eric Ramey				
Title or position of Authorized Officer	VP – Regulatory & Administratio	n			
Telephone number or Authorized Officer.	(803) 581-9152				
Study Area Code of Reporting Carrier	240541 Filing Due Date (mm/dd/yyyy)	for this form 06/16/2021			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communication				
Signature of Authorized Officer	Eric Ran	Date 6/14/2021			
Printed name of Authorized Officer	Eric Ram	ney	a one or an indicate or an a	-	
Title or position of Authorized Officer	VP – Regu	latory & Administration	The second of th		
Telephone number or Authorized Officer.	(803)	581-9152			
Study Area Code of Reporting Carrier	240541	Filing Due Date for (mm/dd/yyyy)	or this form 06/16/2021		

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Sandhill Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER

TO BE COMPLETED BY THE REPORTING WARRIER				
Сег	tification of Officer as to the	Accuracy of the CAF ICC Data Re	ported	*****
i certify that I em an officer of the reporting car best of my knowledge, the information reporte		e ensiting the accuracy of the actual o	ista reported; and, to the	
Name of Reporting Carrier: SANDI	HILL TEL. COOP., INC.			
Lee	Chambers	Digitally signed by Lee Cha Chambers, email=lee.cham il tei, coop., inc.j=Jefferson	bers@mysendhill.net,O=sendhi	Date: 5/19/2021
Signature of Authorized Officer:				Date. 5/19/2021
Printed name of Authorized Officer:	Lee Chambers			
Title or position of Authorized Officer.	CEO/Manager			efficiency dates are seen
Telephone number of Authorized Officer:	843-658-6379		**	
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making talse stat §§ 502, 503(ements on this form can be pu b), or fine or imprisonment und	nished by fine or forfeiture under the C for Title 18 of the United States Code, 1	is U.S.C. § 1001.	
				T T T

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certificat	on of Officer fo	r Rate-of-Ret	turn Carrier Eligibility for CAF/IC	C Recovery	
I certify that I am an officer of the reporting carr has compiled with Eligible Recovery §51.917(d) requested pursuant to §51.917(f).	er and that, to the and Access Reco	e best of my krovery Charge §	nowledge, the reporting carrier on th 51.917(e) and is eligible to receive the	is form certifies that it se CAF ICC support	
Name of Reporting Carrier: SANDH	ILL TEL. COO	P., INC.			
Signature of Authorized Officer or employee:	Leó Ch	ambérs	Digitally signed by Lee Chamber Chambers, email ries, chamber tel. copp., inc., in Jefferson 8C	@mysendhill.net,C=sandhill	Date: 5/19/2021
Signature of Authorized Officer of employee.	****			 	
Printed name of Authorized Officer or employ	ee:	Lee Chamb	pers		
Title or position of Authorized Officer or emplo	yee.	CEO/Mar	nager		
Telephone number of Authorized Officer or en	nployee:	843-658-6	3379		
Study Area Code of Reporting Carrier	240548		Fling Đức Date for this form (mm/dd/yyyy)	6/16/2021	
Persons wilifully making false state §§ 502, 503(b			shed by fine or forfaiture under the r Title 18 of the United States Code,		14, 47 U.S.C.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Doplicative Recovery					
I certify that I am an officer of the reporting carrie recovery in the state jurisdiction for any Eligible !					
Name of Reporting Carrier: SANBHII	LTEL 600P., IN	NC.	OL. 10. 1 20. 1 20. 1 20.	nakana Thiragasi an	<u>-</u>
Signature of Authorized Officer or employee:	Lee Chamber	rs	Digitally signed by Lee Charles Charles email-lee charle tel. coop., krc.,> Jefferson S	ers@mysapdhili.net.O=sandhill	Dale: 5/19/2021
Printed name of Authorized Officer or employe	i: Lee	Chambers			
Tilla or position of Authorized Officer or employ	ee; CE	EO/Mañagér			
Telephone number of Authorized Officer or eng	oloyee: 84	3-658-6379			#
Study Area Code of Reporting Carrier	240546	Filing D (mm/dd	ve Date for this form /yyyy)	6/16/2021	
Porsons willfully making false staten §§ 502, 503(b),	ents on this form can or fine or imprisonme	t be punished by fl ant under Title 18 c	ne oc forfeiture under th of the United States Cod	e Communications Act of 193 e, 18 U.S.C. § 1001.	4, 47 U.S.C.

SEE 2021 TARIFF DATA ON ENCLOSED DISC

West Carolina Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	West Carolina Rural Telephone Cooperative, Inc.
Signature of Authorized Officer	J Date 6/3/202/
Printed name of Authorized Officer	Lance A. Tade
Title or position of Authorized Officer	Chief Financial Officer
Telephone number or Authorized Officer.	(864) 446-9256 ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2021

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	West Carolina Rural Telephone Cooperative, Inc.					
Signature of Authorized Officer	Date 6/3/2021					
Printed name of Authorized Officer	Lance A. Tade					
Title or position of Authorized Officer	Chief Financial Officer					
Telephone number or Authorized Officer.	(864) 446-9256 ext					
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2021					

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	West Carolina Rural Telephone Cooperative, Inc.		
Signature of Authorized Officer	Date 6/3/2021		
Printed name of Authorized Officer	Lance A. Tade		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(864) 446-9256 ext		
Study Area Code of Reporting Carrier	240550 Filing Due Date for this form (mm/dd/yyyy) 06/16/2021		

SEE 2021 TARIFF DATA ON ENCLOSED DÍSC